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Write Plainly, with Unfading Ink.—This is a Permanent Record.

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
County of <u>Gila</u>	CERTIFICATE AMENDED SEE NOTATION	BUREAU OF VITAL STATISTICS. <u>62</u> 73	
District of _____	ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. <u>1</u>		
Town of <u>Globe</u>	Child's name amended by Superior Court order San Diego Co. Calif #155, 76 9/12-12/12		
City of <u>Arroyo</u>	Local Registrar's No. <u>1</u>		
FULL NAME OF CHILD <u>MARY SAM OBBE</u>		St. _____	Ward _____
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Born <u>YES</u>	Alive <u>YES</u>
Sex of Child <u>Boy</u>	Legitimate? <u>yes</u>	Date of Birth <u>Jan 2</u>	19 <u>12</u>
Full Name <u>Simon Kalagjurgjerich</u>	FATHER	Full Maiden Name <u>Kate Kentera</u>	MOTHER
Residence <u>Globe</u>		Residence <u>Globe</u>	
Color or Race <u>White</u>	Age at last Birthday <u>33</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>27</u> (Years)
Birthplace <u>Austria</u>		Birthplace <u>Austria</u>	
Occupation <u>Miner</u>		Occupation <u>Housewife</u>	
Number of child of this mother. <u>2</u>	Number of children, of this mother, now living. <u>1</u>	Were Precautions taken against Ophthalmia neonatorum? _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, Jan 2 1912, at 12 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) A. H. Shaw

(Attending physician, midwife, householder, *)

Given or christian name added from a

supplemental report _____ 191____

Address GlobeFiled Jan 5 1912B. G. Fox

LOCAL REGISTRAR.

Filed Feb 5 1912B. G. Fox

COUNTY REGISTRAR.

442-102-221

COUNTY REGISTRAR